


FLORIDA HIGHWAY PATROL

POLICY MANUAL

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|  | SUBJECT NOTICE OF INJURY | POLICY NUMBER 17.09 |
| | APPLICABLE CALEA STANDARDS | ISSUE DATE 02/01/96 |
| | | REVISION DATE 07/01/07 |
| | | TOTAL PAGES 3 |

17.09.01 PURPOSE

To establish policy concerning the reporting of on-the-job injuries and injuries suffered by non-employees while in custody or on Division premises.

17.09.02 POLICY

It is the policy of the Florida Highway Patrol to timely report all on-the-job injuries and to comply with the Florida Workers' Compensation Law, Section 440.185(2), Florida Statutes and to maintain a reporting procedures for non-employees who are injured while in custody or on Division premises.

17.09.03 OBJECTIVES

- A. To ensure that all employees comply with notification procedures when reporting on-the-job injuries.
- B. To ensure proper completion and submission of the "Notice of Injury" report and "Supervisor's Investigation Report" by the appropriate supervisor.
- C. To ensure that all employees comply with the Florida Workers' Compensation Law, Section 440.185(2), Florida Statutes.
- D. To ensure that all injuries suffered by non-employees while in custody or on Division premises are properly documented.

17.09.04 RESPONSIBILITIES

- A. Any employee receiving an on-the-job injury must report the injury to the on-duty or responsible supervisor immediately, or if not practicable, within 24 hours.
- B. The on-duty or responsible supervisor is responsible for notifying the Shift Commander, initiating an investigation and completing the "Notice of Injury" (LES Form DWC-I) and the "Supervisor's Investigation Report" (HSMV 94900).
- C. The District and Troop Safety Coordinators are responsible for reviewing Supervisor's Investigation Reports for use in injury prevention efforts.

17.09.05 PROCEDURES

A. EMPLOYEE INJURIES

The Florida Workers' Compensation Law requires that within seven days of actual knowledge of an injury or death, the employer must report the accident to the carrier (Department of Insurance, Division of Risk Management) and to the employee using the prescribed "Notice of Injury" (LES Form DWC-1).

1. Distribution of Notice of Injury
 - a. Immediately upon completion of the form, the on-duty or responsible supervisor shall deliver in person or mail the CARRIER COPY and DIVISION COPY directly to the Department of Insurance, Division of Risk Management, Larson Building, Tallahassee, Florida 32399-0300.
 - b. Deliver in person or mail the EMPLOYEE COPY to the injured employee.
 - c. Deliver in person or mail the EMPLOYER COPY to the Workers' Compensation Coordinator, Neil Kirkman Building - Room A428, Tallahassee, Florida 32399.
 - d. A photocopy will be forwarded to the Troop Commander.
2. Supervisor's Investigation Report
 - a. Instructions on reverse side of form.
 - b. Original of completed form to be attached to "Notice of Injury" form and forwarded to Workers' Compensation Coordinator.
 - c. A copy is to be forwarded to the District and Troop Level Safety Coordinators, Loss Prevention.

B. NON-EMPLOYEE INJURY

In the event an incident occurs in which a non-employee is injured, however slight, while in custody or for any other reason while on Division premises (including all real property controlled by the Division, motor vehicles, and aircraft) or resulting from any actions taking place as a result of contact with a member, the member shall notify the appropriate supervisor immediately. The member shall complete an appropriate report of the incident detailing the circumstances which led to the injury and actions taken by the member after the injury occurred, prior to the end of the work shift. The supervisor shall conduct an appropriate investigation of the incident. The completed investigative report shall be forwarded via the chain of command to the appropriate Deputy Director of Field Operations. The Troop Commander shall forward a copy of the

completed investigative report to the Department's Office of General Counsel.